

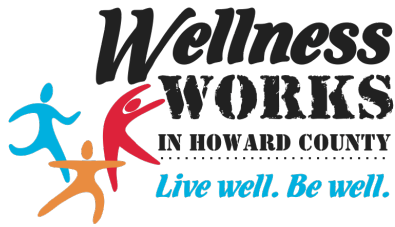
Activity Request/Promotion Form

Request Date: _____

FACILITATOR'S CONTACT INFORMATION*		
Last Name:	Primary Phone #	Alternate Phone #
First Name:	()	()
Organization/Agency:	Title:	
Email Address:	Mailing Address:	
City:	State:	Zip Code:

* Please attach a brief bio about the program facilitator.

PROGRAM INFORMATION	
Program Topic: <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Stress Management <input type="checkbox"/> Heart Healthy/CVD <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Weight Management <input type="checkbox"/> Healthy Eating on a Budget	<input type="checkbox"/> Rest/Sleep <input type="checkbox"/> Work/Life Balance <input type="checkbox"/> Onsite physical activity demo (<i>waiver needed</i>) <input type="checkbox"/> Caregiving <input type="checkbox"/> Financial Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Cancer Awareness <input type="checkbox"/> Other _____
Brief description of what participants will learn during the presentation: ■ ■ ■	Suggested Title (for promotional purposes):
Event Date/Day:	
Target Goal of Participation: Under 20 20-30 More than 30 Maximum capacity _____	
Who is able to attend this program? <input type="checkbox"/> County employees and allied agencies participating in Wellness Works <input type="checkbox"/> Department-wide only	Who is sponsoring this program? <input type="checkbox"/> Wellness Works <input type="checkbox"/> Specific agency/department(s) _____
What should participants bring? <input type="checkbox"/> Exercise mat <input type="checkbox"/> Water bottle <input type="checkbox"/> Towel	<input type="checkbox"/> A healthy lunch (if a lunch & learn) <input type="checkbox"/> No materials needed <input type="checkbox"/> Other: _____



For Internal Program Use Only

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PROGRAM LOCATION(S)		
<input type="checkbox"/> Ascend One <input type="checkbox"/> Bain Center <input type="checkbox"/> Dorsey Building <input type="checkbox"/> Ellicott City Senior Center <input type="checkbox"/> Gateway (Health Department) <input type="checkbox"/> Gateway (Fire & Rescue; Citizen Services)	<input type="checkbox"/> Glenwood Community Center <input type="checkbox"/> Library: _____ (branch location) <input type="checkbox"/> Recreation & Parks headquarters <input type="checkbox"/> Warfield Building (Police Department) <input type="checkbox"/> Other: _____ CONFERENCE ROOM: _____	
Set up begins: <input type="checkbox"/> ____ AM <input type="checkbox"/> ____ PM Program begins: <input type="checkbox"/> ____ AM <input type="checkbox"/> ____ PM Program Ends: <input type="checkbox"/> ____ AM <input type="checkbox"/> ____ PM Cost: <input type="checkbox"/> Free <input type="checkbox"/> Charge \$ _____		
SPECIAL REQUESTS		
LCD Projector Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes		Laptop Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other special requests and/or needs for room set up or equipment? Comments:		
Name/phone # of onsite contact for equipment and room set up:		
PROGRAM COORDINATOR		
<i>(Responsible for onsite logistics and coordination/follow-up with speaker)</i>		
Last Name: First Name:	Primary Phone # ()	Email Address:
Name of Howard County Agency you represent:	How should we promote this program? <input type="checkbox"/> Website and email <input type="checkbox"/> Posters/other print materials <input type="checkbox"/> Other _____	
Who will administer evaluations? (name/phone)		

Please send completed request form to wellnessworks@howardcountymd.gov or fax to: 410.313.6303.

Visit Wellness Works from the County's Homepage (www.howardcountymd.gov), the Intranet (<http://wellnessworks>), or the Web at <http://wellnessworks.howardcountymd.gov>.